PROVIDENCE
CHRISTIAN ACADEMY

Authorization to Release Student Records

Please complete the authorization below and ***return with application.***
Kindergarten applicants please provide Preschool Information.

_____	_____	_____	_____
(Last Name)	(First Name)	(Middle Name)	(Grade)

In order to determine the best placement for your child, it is helpful to have as much insight as possible.

Share below specific information that might affect your child's adjustment to Providence Christian Academy.

_____

_____

_____

_____

My child is leaving his/her current school:

____ in good standing academically
____ in good standing behaviorally

Previous/Current School: _____

Complete Address of the School: _____
(street address)

_____
City State Zip

School Fax Number: _____

Previous/Current Teacher: _____

Previous/Current Principal: _____

I am aware that Providence Christian Academy will contact my child's school to obtain additional information.

_____ _____
Parent/Guardian Signature Date